-15 12:24 CDT Brendan Hogan	4	+18479776376 PAG
		•
STATE OF SOUTH CAROLINA	r()	
)	BEFORE THE
(Caption of Case))	PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certification Doe dba Doe's Limo	icate from)	OF SOUTH CAROLINA
John Dee tox Locs Etalo)	TRANSPORTATION COVER SHEET
	j	
	?	DOCKET
)	NUMBER:
	ŝ	If this is your first time filing an application with the PSC, you will not
	j	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned
)	and should be entered above.
Please type or print) Submitted by: Brendan Hogan		Telephone: 847-977-6376
	and the second s	
Address: 26 Herron Avenue		Fax:
Asheville, NC 28806		Other:
		Email: info@greenvilleareamovers.com
NATI	URE OF ACTION	(Check all that apply)
Application - Class A/A Restricted		Request for Name Change on Certificate
Application - Class C Taxi		Request to Amend Scope of Authority
Application - Class C Charter		Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus		Request to Amend Passenger Limit
Application - Class C Non-Emergency		Request
Application - Class C Stretcher Van		Exhibit
Application - Class E Household Goods		Late-Filed Exhibit
Application - Class E Hazardous Waste		Letter
Application		Proposed Order
Request for Extension to Comply with Or	der	Publisher's Affidavit
Request for Order Granting Authority to Coordinate of Public Convenience and Necessity to b	Obtain a Certificate	Reservation Letter
		Response
Request for Cancellation of Certificate		Return to Petition
	APR 2 9 2021	Other:
Request for Reinstatement	PSC SC	<u> </u>
	MAIL / DMS	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one)	Date: 4/15/2021
E (HAZ) - Hazardous Material	
	of authority, a current annual report must be on file with the Commission for a NEW CERTIFICATE, do not submit annual report.
Check one:	
New Application ■ Output Description Des	
Amended Scope of Authority	
Current Scope: (list counties) Amended Scope: (list counties)	
	eenville Area Movers, LLC
Name under which business is to be conducted (co	orporation, partnership, or sole proprietorship, with or without trade name.)
141 Turking	S
	Street PMB 31, Greenville, SC 29611 treet Address of Applicant
Mailing Address o	f Applicant (if different from street address)
864-428-7785	
Phone	FAX
înfo	@greenvilleareamovers.com
	Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

12:24 C	DT Brendan Hogan	1	. ,	+18479776376	PAGE
Salact F	Entity Type: (Check one)				! :
	ividual Owner/Sole Prop				
	mership - List names and		erson having an interest	in the husiness	(
7.9	poration - List names and		162		
	* # # #				7
				112411	
Is ann	licant certified to provide	intrastate transc	oortation of bossehold a	oods in another state: (Check one.)	- -
③ `		O No	STATION OF BOUGHT &	occas in anomor orace, (Caron One.)	Ì
	s, attach a letter from the re lations of said state agency		the state(s) stating applic	ant is in compliance with the rules and	
by the				goods authority or failure to abide household goods in this state or any	(
0	Yes	No			Ò
If ve	s, list dates and nature of c	omictions below.			1
					1
***********	MITSELVE THE THE TAXABLE PROPERTY.				
200	plicant ever had a certific ner state? (Check one.)	cate authorizing th	ae transportation of hous	schold goods revoked in this state or	•
	Yes	No			- 2 0
lf v	es, list dates and nature of				9
77	11 1 1 2 2 2 1 1 1 1 2 2 2 2 2 2 2 2 2				-

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Asseis:		Liabuities:	
Value of Real Estate	850,000	Mortgage/Loan on Real Estate	655,000
Value of Motor Vehicles	210,000	Loans Owed on Motor Vehicles	16,000
Cash on Hand	295,000	Business/Other Loans Owed	290,000
Cash in Bank	200,000	Other Liabilities or Debts	78,000
Value of Other Assets and Equipment	100,000	Total Liabilities	1,039,000
Total Assets	1,655,000		

ENSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4 "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8 "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

***	1.75	424 (2)	T		13	**	10.0	47 5	4 . 4 .
Pronose	d Rates and	Charges (1)	ast only w	EUKUTU YRI	Charges.	ner mille (ar trín.	ABU/OLI	iourly rate i
TYNEXXXX	74-1-20-1-20-1-20-1-20-1-20-1-20-1-20-1-2	~~crv1.2r~fb/2(e;~y*gc	والمارية والماركة وال	TAX PATTERILLY	AMMY	N. V	15-39-2N-9-	Manager Brief &	excessed Takes Co

\$60 per worker (mover) per hour

\$60 one-time truck fee

Customers are billed drive time if location is more then 30 minutes from our office on load or unload-

\$20 per 1000 lbs of cargo for full-value insurance protection

Commodities to be Transported: (Check one)

\$500 upright piano, \$800 for a baby grand, \$1200 for a grand piano

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Mousehold G	oods, as defined in R1	03-210(1)		
Hazardous W	astes, as defined in RI	03-210(2)		
You will only be all	Authority: Check all coved to operate in thoo and to operate in all countries.	se counties checked be	low. You may request	
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Sparianburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Ногту	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

4 of 10

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
нио	2016	5PVNJ8JV0G4S60834	GVW under 26,000lbs
INTL	2013	1HTMMAAL8DH097642	GVW under 26,000lbs
INTL	2011	1HTMMAAM3BH283451	GVW under 26,000 lbs
INTL	2014	1HTMMAAM1EH469008	OVW under 26,000lbs
ISU	2013	JALC4W161D7004593	GVW under 16,000lbs
INTL	2013	1HTMMAAM3DH099940	GVW under 26,000lbs
INTL	2014	1HTMMAAM3EH468474	GVW under 26,000lbs
HINO	2015	5PVNJ8JV0F4S58693	GVW under 26,000lbs
HINO	2015	5PVNJ8JV0F4S58659	GVW under 26,000lbs
ISU	2014	JALE5W166E7901707	GVW under 16,000lbs

INSURANCE QUOTE

This form MUST BE COMPLETED.

any one time and place

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:	
Carrille Arga Move of LLC	
MI Traction Street PMB 31, Grewille,	SC 24611
Amount of Premium: Limits Quoted: (See Below)	
Liability Insurance \$ 13,932 Limits 750,000 Cargo Insurance \$ 9,981 Limits 50,000	
* Attach Certificate of Insurance if available.	
Stonewood Insurance Company and Centry	Invence Ga
6131 Falls of Wesserd, Raleigh, NC 2760 Home Office Address of Company	:5_
550 Polaris Purhucy Suite 300, Westernite, Ohio	43002
I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirement the above quote meets the minimum insurance limits prescribed. The insurance company making this quote authorized by the South Carolina Department of Insurance to do business in South Carolina.	ts and
* Form E and Form H Certificates of insurance are required to be filed with the Office of Regulatory Staff (ORS). The sci minimum limits for Household Goods carriers are listed below:	hedule of
Vehicle liability for vehicles less than 10,000 lbs. GVWR \$500,000	
Vehicle liability for vehicles 10,000 lbs. or more GVWR \$ 750,000	
Cargo · For loss of or damage to property carried on any one motor vehicle \$ 2,500 For loss of or damage to or aggregate of losses or damages of or to property occurring at \$ 5,000	

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an amusal assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wec.state. sc.us/self-insurance. 6 of 10

FACILITY

- Falls Lake National Insurance Company
- Falls Lake General Insurance Company
- Stonewood Insurance Company

Commercial Lines Policy Common Declarations

JST100377601	
Policy Number	

JST1003776
Renewal Number

Coverage is provided by: STONEWOOD INSURANCE COMPANY 6131 FALLS OF NEUSE ROAD RALEIGH NC 27605

Named Insured and Mailing Address:

Asheville Area Movers, LLC 26 Herron Ave Asheville NC 28806

Policy Period:

return for the payment of the premium, and	rtnership I subject to	Corporation all the terms of this	X OtherLLC policy, we agree with	you to provid
e insurance as stated in this policy. is policy consists of the following coverage	e parts for	which a premium is	indicated. This premi	um may be
bject to adjustment.			Premium	
Commercial Auto Coverage Part		\$	13,932.00	
Commercial Garage Coverage Part		\$		
Commercial Crime Coverage Part		\$		
Commercial Property Coverage Part		\$		
Commercial General Liability Coverage Part		\$		
Commercial Inland Marine Coverage Part		\$		
Terrorism Risk Insurance Act - Certified Acts	Coverage	N/A \$		
Policy Fee		\$	100.00	
FMCSA Filing Fee		\$	10.00	
	To	tai \$	14,042.00	

Producer Name and Address: JACKSON SUMNER & ASSOCIATES, INC. PO BOX 2540 BOONE NC 28607

Producer Number: 100

Countersigned by Danielle D Wade Date 05/15/20

Authorized Representative

Page 1 of 1



☐ Falls Lake National Insurance Company

Falls Lake General Insurance Company

Stonewood Insurance Company

Policy Number: JST100377601

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured Asheville Area Movers, LLC

Effective Date: 06/06/20

12:01 A.M. Standard Time

Agent Name

JACKSON SUMNER & ASSOCIATES

Agent No. 100

CA0020	(3/06)	Motor Carrier Coverage Form
CA0126	(7/10)	North Carolina Changes
CA2107	(12/93)	Split Uninsured Motorists Coverage Limits
CA2116	(4/10)	North Carolina Uninsured Motorists Coverage
CA2171	(1/88)	Punitive Damages Exclusion
CA2304	(12/93)	Iso Rolling Stores
CA2305	(12/93)	Iso Wrong Delivery of Liquid Products
CA9948	(3/06)	Pollution Liab-Broadened Covg for Covd Autos
CAPDS1200	(03/16)	Motor Carrier Coverage Form Declarations
CAPDS1400	(03/16)	Schedule of Covered Autos You Own
CMT-DS0200	(03/16)	Commercial Lines Policy Common Declarations
CPJ000100	(12/18)	Stonewood Policy Jacket
IL0003	(9/08)	Calculation of Premium
IL0017	(11/98)	Common Policy Conditions
IL0021	(9/08)	Nuclear Energy Liability Exclusion Endorsemen
ILPOO1	(1/04)	U.S. Treasury Department's Office of Foreign
MC 1690a	(8-99)	Form F
NCS-90	(01/17)	Endt for Motor Carrier Pol for Public Liab
MC3-10	1400 - 11	



0	Falls	Lake	National	Insurance	Compan
---	-------	------	----------	-----------	--------

- Falls Lake General Insurance Company
- Stonewood Insurance Company

Commercial Auto Coverage Part Motor Carrier Coverage Form Declarations

Made a part of Policy Number JST100377601

Item Two - Schedule of Coverages and Covered Autos

Effective Date 06/06/20

(12:01 a.m. Standard Time)

ttem One - Named Insured and Mailing Address/Policy Period/ Business Description
Shown in Commercial Lines Policy Common Declarations

Coverages	Covered Autos Frita of annon moment he symbols from the COVERED AUTOS Section of the Most Cattler Coverage Form s look which wides and beyond flower?	Limit The Most We Will Pay For Any One Accident or Loss		Premium
Liab lity	67	\$ 750000	\$	13,776
Personal Injury Protection (PIP) for equivalent No-Faut Coverage)		Separately Stated in Each PIP Ends. Minus \$ Ded.	\$	
Acided PIP (or equivalent added No-Faul: Coverage)		Separately Stated in Each Added PIP Endorsement	\$	
Property Protection Insurance (PPI) (Michigan Only)		Separately Stated in the PPt Endorsement Minus \$ Deductible For Each Accident	\$	
Auto Medical Payments		\$	\$	
Uninsured Motorists (UM)	67	\$ See CA2107	S	156
Underinsured Motorists (U!//) (when not included in UM Coverage)	67	\$ See CA2107	\$	Included
Physical Damage				
Comprehensive Coverage		Stated Amount, Actual Cash Value or Cost Of Repair, whichever is less minus \$ deduct ble for each covered "auto", but no deductable applies to "loss" caused by fire or eightning. See ITEM FOUR for hired or borrowed "auto".	s	
Specified Causes of Loss Coverage		Stated Amount, Actual Cash Value or Cost Of Repair, whichever is less, minus \$deduct ble for each covered "auto". See ITEM FOUR for hired or borrowed "autos".	s	
Collision Coverage		Stated Amount, Actual Cash Value or Cost Of Repair, whichever is less, minus \$	s	
Trailer Interchange Comprehensive Coverage		Actual Cash Value, Cost Of Repair Or \$ whichever is less	\$	
Trailer Interchange Specified Causes Of Loss Coverage		Actual Cash Value, Cost Of Repair Or \$whichever is less, minus \$deductible for each covered "auto" for "loss" caused by mischlef or vandalism.	s	
Trailer Interchange Collision Goverage		Actual Cash Vetue, Cost Of Repair Or 5 whichever is iess, minus \$deductible for each covered "auto"	\$	
Towng and Labor		\$ for each disablement of a private passenger 'auto'	5	
Other:			\$	
Forms and Endorsements applying	g to this Coverage P	art and made part of this policy at time of issue (Ferms and littled if shown elsewhere in the policy.)		
Endorsements applicable to this C	overada Laur sta ott	Premium for Endorsements	5	
		Estimated Total Premium (This policy may be subject to final auditi	\$	13,93

Policy Number: <u>JST100377601</u>

Item Three - Schedule of Covered Autos You Own

Shown in Schedule of Covered Autos You Own - Extension of Declarations

Item Four - Schedule of Hired or Borrowed Covered Auto Coverage and Premiums.

Liability Coverage - Rating Basis, Cost of Hire - Autos used in your Motor Carrier Operations

Estimated Cost of Hire	Rate Per Each \$100 Cost of Hire	Total Estimated Premium
3	s	\$

Liability Coverage - Rating Basis. Cost of Hire - Autos not used in your Motor Carrier Operations

State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liability Cov. Is Primary)	ISO Code	Premium
	\$	\$			\$
	\$	\$			5

Physical Damage Coverage

Coverages	Limit of Insurance The Most We Will Pay, Deductible	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	ISO Code	Premlum
Comprehensiv e	Actual cosh value or cost of repair, whichever is less, minus \$ deductible for each covered "auto", but no deductible applies to "loss" caused by fire or Egittning	\$	8	<u>.</u>	\$
Specified Causes of Loss	Actual cash value or cost of repair, whichever is less, minus seducible for each covered "auto".	\$	\$		S
Collision	Actual cash value or cost of repair, whichever is tess, minus \$ deductible for each covered "auto".	\$	\$		\$
			Total Pr	emium	\$

Cost of Hire means

- A. The total dollar amount of costs you incurred for the hire of "autos" (includes trailers and semi-trailers), and if not included therein,
- B. The total remunerations of all operators and drivers helpers, of hired "autos" whether hired with a driver by lessor or an 'employee" of the lessee, or any other third party, and,
- C. The total dollar amount of any other costs (i.e. repair, maintenance, fuel, etc.) directly associated with operating the hired "autos" whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

Item Five - Schedule for Non-Ownership Liability

Rating Basis	Number	ISO Code	Premium	Total Premium
Number of Employees		10/2	\$	\$
Number of Partners		=======	8	8

Item Six - Schedule For Gross Receipts Basis - Liability Coverage

Colombia de la colombia del colombia del colombia de la colombia del la colombia de la colombia	- streaments - s special property - standard creed	Rates	Pren	ាប្រែកាទ
Estimated Yearly	the second secon	of Gross Receipts	Liability	Auto Medical
Gross Receipts	Liability Coverage	Auto Medical Payments	Coverage	Payments
	\$	\$	\$	\$
		Total Premlums	\$	\$
		Minimum Premiums	\$	

Policy Number:	JST100377601
----------------	--------------

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier". Gross Receipts does not include.

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits
- B. Advertising Revenue
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehousing storage fees.

Item Seven - Trailer Interchange Coverage

Coverages	Limit of insurance	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Daily Rate	Estimated Premium
Comprehensive	Stated	\$		\$
Specified Causes of Loss	In	\$		5
Collision	Item Two	\$		S
		100	Total Premium	S



Century Surety Company

550 Polaris Parkway, Suite 300 Westerville, Ohio 43082 614-895-2000 www.centurysurety.com

COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

960824 **POLICY NO.: CCP** NAMED INSURED AND ADDRESS: Asheville Area Movers, LLC 26 Herron Ave

CCP 829977 Renewal of **CODE NO.:5896D**

INSUREDS AGENT: Watson Insurance Agency, Inc.

PO Box 879

Asheville

NC 28806

Gastonia

NC 28053-0879

POLICY PERIOD: From:03-18-2021 To:03-18-2022 at 12:01 A.M. Standard time at your mailing address shown above.

Business Description: Household Goods Movers

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS

PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM

Commercial Motor Truck Cargo Coverage Part

\$9,981.00

\$9,981.00 North Carolina Premium: _

\$200.00 Fees:

\$499.05 Surplus Lines Tax: _

Stamping Fee: \$39.92

25 % of the Policy Premium is fully earned as of the effective

TOTAL

\$9,981.00

date of this policy and is not subject to return or refund.

Service of Suit (if form CCP 20 10 is attached) may be made upon:

AmWINS Access Insurance Services, LLC

4725 Piedmont Row Drive Suite 600 Charlotte

Form(s) and Endorsement(s) made a part of this policy at time of Issue*:

See Attached Schedule of Forms, CIL 15 00b 02 02

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

COMPANY REPRESENTATIVE: AmWINS Access Insurance Services, LLC 4725 Piedmont Row Drive Suite 600

NC 28210

Countersigned By

04/09/202T BJM

IN WITNESS WHEREOF, this Company has executed and attested these presents; but this policy shall not be valid unless countersigned by the duly Authorized Agent of this Company at the Agency hereinbefore mentioned.

little Miletteake

The insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to Its supervision. In the event of the insolvency of the insurance company. losses under this policy will not be paid by any State insurance quaranty or solvency fund.

CSCP 1001 0920

Charlotte

Surplus Lines Licensee Name: AmWINS Access Ins Services, LLC

Page 1 of 1

Century Surety Company

COMMERCIAL MOTOR TRUCK CARGO CARRIERS COVERAGE FORM DECLARATIONS Coverage Forms CIM 1506, CIM 1507, CIM 1569

Policy No.: CCP 960824

Effective Date: 03/18/2021

12:01 A.M. Standard Time

NAMED INSURED: Asheville Area Movers, LLC

OPERATIONS LOCATION: Same as Mailing Address (If different than mailing address show below)

LIMITS OF	CARGO II	NSURANCE:				
\$	50,000	Maximum Per	"Covered	Vehicle * Per Occurrence		
\$	50,000 M	Maximum Per	Any One (Occurrence		
			·			
DATELO	4.400/00	r Covernd Val	hiolo por S	\$100 receipts or per 100 miles)	Hazard Group : 5	Class Code: 446
RATE: \$	1,109 (pe	COVATAG VE	iicie, per v	Froo receipts or per roo rimes,	Hazara Group	
Chack	If wains a F	Panarting Mat	had for n	remium computation. See appi	ropriate endorsement.	
	ii usiiig a r	reporting met	noc ioi pi	official comparation.		
Premium	Subtotal :	\$	9,981	Minimum Premium for this co	overage part: \$	750
TRIA Cov	erage :	\$	0			
Total Pren	nlum :	\$	9,981		2	
DEDUCTI	BLE:					
1.	\$	1,000		Per Occurrence		
2.				% of each loss subject to a mi	inimum of \$	
3.	\$			for Refrigeration and Heating	Breakdown	
				for Theft (if left blank, the Per		nlies)
4.	\$			for theπ (IT leπ blank, the Per	Occurence Deductions ab	bues)
5.	\$	VEDED VEU	01 50 %			<u> </u>
Unit #	E OF " CO	VERED VEHI	CLES ":	Model	VIN	
		Internationa		Truck	1HTMMAAM3DH0	99940
1	2013			Truck	1HTMMAAM6BH2	
2	2011	Internationa		Truck	1HTMMAAM3EH40	
3	2014	internationa		Truck	1HTMMAAM3EH4	
4	2014	Internationa	<u> </u>		JALC4W161D7004	
5	2013	Isuzu		Truck	JALE5W156E79017	
6	2014	Isuzu	_	Truck		
7	2016	Hino		Truck	5PVNJ8JV0G45608	
8	2015	Hino		Truck	5PVNJ8JV0F4S586	
9	2015	Hino		Truck	5PVNJ8JV0F4S586	99
				II. bla Famus and Endageamante	shown alcowhere in the no	licy):

FORMS AND ENDORSEMENTS (other than applicable Forms and Endor Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

See Attached Schedule of Forms, CIL 1500b 0202

Exhibit Fit, Willing, and Able (FWA)

986						Greenville /			C
							Name		
1.	Do	es Apr	dicant have a S	afetv	Rating	from the U.S.	Ď.O.	T.Ý	
		Yes) No	and the area		Pending	(Submit when received.)
	-	If Y	es, indicate rat	ing b	elow ar	nd provide con	-	~	(54544)
			Satisfactory			Conditional		O Un	satisfactory
									200
2.		-	of Applicant's velve (12) mon		rs or ve	hicles been pl	aced	"out of serv	ice" by Transport Police safety officers in
	0	Yes		•	No				
2	Ara	tham	animantin ann a	vitoto		vdamont(z) ac	ainat	tha Annlina	m+7
э.		Yes	currently any o		No nume l	nogments) ag	ZHSt	the Applica	mrt
	Įf'	Yes",	list judgements	here					
		-				 			
4,	law	s that		mote	or carrie	er operations is	-		ety regulations and workers' compensation, and does Applicant agree to operate
	•	Yes		0	No				
5.							-		the insurance premium costs associated ng current insurance premiums.)
	•	Yes		0	No				

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.

The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

ORN TO BEFORE ME

This

Notary Public

Commission Expires

KRISTINE MCCOUL Notary Public - North Carolina Euroambe County

My Commission Expires Feb 5, 2023

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Brendan Hogan	
Applicant's Name	

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
- 2. Can produce a copy of the FMCSR and the HM regulations;
- 3. Has in place a driver safety/orientation program;
- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
- 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392:395 and 396);
- 6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

() Yes

Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,00) pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

Yes

O Not Applicable

Brendan Hogan , verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental lilings to this application).

Notary Public

Commission Expires

Applicant's Signature

KRISTING MCCOUL Notary Public - North Certifica Burrounce County Commission Expires Feb 5: 2023

Print Application

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The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Greenville Area Movers, LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 12th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 28th day of April, 2021.

Mark Hammond, Secretary of State

Business Entities Online

Greenville Area Movers, LLC

Greenville	Area Movers, LLC	
Corporate Information	Important Dates	
Entity Type: Limited Liability Company	Effective Date: 04/12/2021	
Status: Good Standing	Expiration Date: N/A	
Domestic/Foreign: Domestic	Term End Date: N/A	
Incorporated State: South Carolina	Dissolved Date: N/A	
Registered Agent		
Agent: Brendan Hogan		
Address: 141 Traction Street Greenville, South Carolina 29611		

For filing questions please contact us at 803-734-2158

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